

**EVALUATION OF THE CHILDREN'S MENTAL HEALTH
PUBLIC EDUCATION/SOCIAL MARKETING CAMPAIGN**

CONTRACT NO. 282-98-0027

TASK ORDER NO. 8

**CHILDREN'S SYSTEM OF CARE
SITE VISIT REPORT**

June 2002

Submitted by:
COSMOS Corporation

Submitted to:
U.S. Department of Health and Human
Services Substance Abuse and Mental Health
Services
Administration
Center for Mental Health
Services 5600 Fishers, Lane,
Room 11C-16 Rockville, MD
20857



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CHILDREN'S SYSTEM OF CARE

1. INTRODUCTION

Purpose of the Report. This report presents the findings of a site visit conducted by staff from COSMOS Corporation to the Clark County Children's System of Care (CSOC) Project in Vancouver, Washington, one of 45 grant communities that currently receives a grant from the Comprehensive Community Mental Health Services for Children and Their Families Program through the Center for Mental Health Services (CMHS). COSMOS is assessing how eight grant communities use communication and social marketing strategies to develop or enhance a systems of care approach to better serve children and adolescents with serious emotional challenges.

The purpose of the site visit was to gather information on the type of communication activities being conducted by the grantee, how the activities are being implemented, and whether any data is being collected by the grantee on the impact of their communication activities. Additionally, the site visit team sought to better understand the social, political, and cultural environment within which the grantee is implementing communication activities. The site visit was conducted on November 15-16, 2001 and included visits to the Clark County Department of Community Services, Youth House, and North County Family Resource Center. Interviews were conducted with the project's executive director; the assistant director of Behavioral Health Services for the Department of Community Services; chairs of the community empowerment committee, finance committee, community partners committee, and family services committee; a parent coalition coordinator; a parent; the coordinator for the Youth Empowerment Program; the director for the Clark County Family Resource Center; and the director of the North County Family Resource Center. The site visit team also reviewed material provided by the grantee and a system-level assessment report prepared by the national evaluator, ORC Macro,¹ to compile this report.

The report is organized into the following sections: 1) an introduction and description of the project, 2) a description of the community context within which the grantee operates, 3) a description of the communication and social marketing activities being conducted by the grantee, and 4) a summary of activities and outcomes to date with the presentation of a logic model for the grantee.

¹ORC Macro, "Clark County Children's Mental Health Initiative, Clark County, Washington," CMHS National Evaluation, System-level Assessment Report, ORC Macro, Atlanta, GA, September 12-14, 2000.

Description of the Children's System of Care. Clark County Department of Community Services received a six-year grant from CMHS in September 1998 to help build and sustain a system of care for youth with serious emotional disturbances (SED) and their families. The goals of the grant are to: 1) consolidate funding streams; 2) increase accountability; 3) ensure full involvement of families at the system, program, and practice levels; 4) sustain gains through financial reinvestment; 5) assure interagency involvement; and 6) create state and local partnerships.²

A Children's System of Care Policy Council was created to oversee the project. The council has representation from every school district in the county, all major nonprofit organizations providing mental health or co-occurring treatment services, and all youth-serving agencies in the county including mental health, child welfare, juvenile justice, developmental disabilities, substance abuse services, and Head Start. Thirteen of the 25 positions on the council are reserved for family members.

Four standing committees (Administrative Services, Finance, Management Services, and Family Services) and three subcommittees (Community Partners, Children's Long Term Inpatient Program or CLIP, and Community Empowerment) implement the work of the Children's System of Care project and make recommendations to the policy council's board of trustees. The committees and their responsibilities follows:

- Administrative Committee-oversees contracts and staffing.
- Finance Committee-developed and oversees the Children's Fund (\$200,000 in flexible funds to meet the needs of SED children).
- Management Services Committee-oversees the communication and social marketing activities of the policy council.
- Family Services Committee-provides oversight for the Community Partners and CLIP committees and was developed to assure family input on the CSOC project. Its purpose is to: 1) assess community needs, 2) identify and develop resources, and 3) examine other issues related to a system of care. The committee is comprised of family members and agency representatives.

²Children's Mental Health Initiative, Clark County, Washington Community Services, Web site.

- Community Partners-an interagency group comprised of representatives from mental health, juvenile justice, and child welfare. The committee was developed to: 1) assist children and families in accessing resources; 2) assist in developing strategies to support children in the least restrictive and most appropriate settings; 3) promote individualized, strength-based planning; 4) identify resource gaps and system barriers; and 5) assist in developing resources.'
- Children's Long-Term Inpatient Program Committee-a committee that consists of representatives from Behavioral Health Services, the Division of Children and Family Services, and other related community agencies. The committee reviews applications for children being considered for long-term, inpatient psychiatric treatment; arranges and facilitates case reviews; and assists in developing strategies for supporting children in the least restrictive and most appropriate settings.
- Community Empowerment Committee-formed to help families with children experiencing serious emotional challenges through education, training, and advocacy. The committee consists of 20 parent partners that are already connected with county mental health agencies.

2. COMMUNITY CONTEXT

The Clark County Children's System of Care serves youth and families in Clark County, Washington. This section describes contextual conditions for the state of Washington and Clark County.

Washington. The 2000 population of Washington (5,894,121) increased 21.1 percent since 1990, with 25.7 percent of the population under 18 years of age.³ The population is predominately white (81.8%). Minority populations are comprised of

³ Clark County Community Services, "Information on: Community Partners, Children's Long-term Inpatient Program (CLIP), and Children's System of Care Family Services Committee," Clark County Behavioral Health, undated brochure.

⁴ U.S. Census Bureau, 2000.

persons of Hispanic origin (7.5 %), Asian persons (5.5 %), African American persons (3.2%), and American Indian and Alaska Native persons (1.6%).

In 1989, state legislation shifted the responsibility for delivery of public mental health services from state-level agencies to county-level regional support networks. The networks receive state funds to provide mental health services for individuals receiving Medicaid or those with low incomes. In 1995, the state was granted a 1951B Medicaid waiver enabling it to enroll Medicaid recipients in prepaid managed care systems.

Mental illness is the most common reason for the hospitalization of adolescents in the state accounting for one-fifth of the hospitalizations among adolescents between the ages of 15 to 19 in 1999.⁵ Depression was the most common reason for a mental illness hospitalization in all age groups under 20. For school-age children (5 to 14), disruptive behavior disorders were the second most common reason for hospitalization. For adolescents (15 to 19), bipolar disorder and schizophrenia were the next most common reasons for hospitalization after depression.

Clark County. The 2000 population of Clark County (345,238) increased 45 percent since 1990, with 28.7 percent of the population under 18 years of age.⁶ The population of the county is predominately white (88.8 %) but contains growing Hispanic (4.7%) and Asian (3.2%) populations and a large Russian immigrant community. The median household income (\$45,890) exceeds the average for the state (\$41,715) and children living below the poverty level (13.5 %) is lower than the state average (15.2 %).

An evaluation report prepared by the national evaluator⁷ for 314 children served by the project indicated that half (50.3 %) of the children lived in the custody of their biological mother only and overall 52.2 percent of the families had annual household incomes below \$15,000. Experiences prior to intake in the project included physical abuse for 33 percent of the youth, sexual abuse for 30 percent of the youth, and running away for 26 percent of the youth. Of the 124 children enrolled in school, 41 percent had a grade average of "C" or higher at intake. Just over half (51.9 %) of the youth age 11 and older (n=79) reported having been accused of breaking the law, and 26.6 percent

⁵School of Public Health and Community Medicine, University of Washington, "The State of Washington's Children," Washington Kids Count Project, Fall 2001.

⁶U.S. Census Bureau, 2000.

⁷ORC Macro, "Clark County Children's Mental Health Initiative, Vancouver, Washington, Data Profile Report, CMHS National Evaluation," ORC Macro, Atlanta, GA, December 2001.

reported having been convicted of a crime, with 28.2 percent having served time in a detention center or jail.

A youth commission, comprised of 30 youth between the ages of 11 to 19, was established in 1998 to advise and make recommendation to the county's Board of Commissioners. The commission also works to educate the community on how to effectively incorporate a youth voice into service planning and delivery, supports and participates in activities involving youth, and facilitates events, such as an annual youth summit. The work of the youth commission is supported by a county-sponsored Youth Empowerment Program that prepares youth to participate in community leadership activities.

A Family Resource Center Network Technical Assistance Team was formed in 1999 by a group of citizens representing human services, private industry, schools, local government, and families to create at least 15 family centers in the county. There are approximately nine family centers currently in Clark County. Services commonly provided at family centers include: child care, health services, early childhood education, parent and adult education, community service information and referral, recreational opportunities, youth services, and workforce development! Each center is overseen by a family council that includes representation from family members.

Since early 2001, the Clark County Department of Community Services has been the regional support network for public mental health services for all of Clark County. After receiving the contract, the department completely redesigned their mental health services to comply with a new requirement that all county agencies must involve families in service delivery and planning.

In 2001, after the county had six youth suicides in seven months, the grantee, in collaboration with the youth commission, created a Teen Suicide Prevention Task Force.⁹ The task force found that 107 youth attempted or threatened suicide during an 18-month period, and area hospitals treated 197 youths who had attempted or threatened suicide.¹⁰

⁸ Clark County Department of Community Services, "Clark County Family Centers," undated brochure.

⁹ Suicide was the cause of 24 percent of the deaths among adolescents 15 to 19 years old in 1999 in the state of Washington. Source: The State of Washington's Children, Washington Kids Count Project, Fall 2001.

¹⁰ Doyle, M., "Effort aims to keep youths from taking their own lives," *The Columbian*, February 13, 2002.

The work of the task force highlighted the need for wraparound services because families did not always know how to access available services. The task force developed a prevention plan for the community that was presented to the county commissioners in February 2002.¹¹ The plan focuses on increasing community awareness about suicide, enhancing school-based prevention programs, training on suicide prevention, and improving access to mental health services including a 24-hour response to crises.

3. DESCRIPTION OF COMMUNICATION AND SOCIAL MARKETING ACTIVITIES

Communication and social marketing activities are conducted by the executive director, project directors and staff, parent coordinators, and members and committees of the policy council. This section discusses the activities being conducted for the initiative overall.

Communication and Social Marketing Activities. Multiple brochures have been developed for the initiative, each of which has its own unique appearance. A brochure was created to inform community members that a system of care policy council had been created and to invite their involvement in the project. Another brochure was created to inform community members of the purpose of the Family Services, Community Partners, and CLIP committees. The Community Partners Committee developed a brochure to describe its planned activities. The Community Empowerment Committee developed an informational brochure and a directory of resources for parents. The brochures, along with a fact sheet and newsletter that have been developed for the initiative, are distributed at all monthly policy council meetings, during community presentations, and at family service centers.

A Web site was developed for the Department of Community Services that includes a section for the initiative. The Web site has been used to keep the community informed of the initiative's progress and includes a description of the initiative, identifies ways that community members can get involved, and provides summaries of the grantee's quarterly narrative reports.

A video also was developed as an informational and fundraising tool. A local firm with experience in early childhood issues was hired to produce the video. The video contains appearances by policy council members explaining the purpose of the initiative

¹¹Doyle, M., "Effort aims to keep youths from taking their own lives," *The Columbian*, February 13, 2002.

that are interspersed with a vignette of a youth's experience with the juvenile justice system. Staff reported that the juvenile justice system is highlighted in the video because the community recognizes the importance of keeping youth out of jail better than issues surrounding mental health. Plans include showing the video to community groups, such as the Rotary Club, to solicit donations for the initiative. At the time of the site visit, the grantee was gathering feedback on the video from parents, and members of the state agency on mental health, state legislature, commissioner's office, and policy council. The grantee received positive feedback from all those who had seen the video except from some parents who felt it was not reflective of their experience.

Communication activities planned for the future include:

- Continue outreach activities with the schools to introduce the system of care model. The executive director plans to meet with each superintendent to have a conversation about the initiative.
- Use a common logo on each agency or committee brochure to increase visibility of the system of care model in the community and help community members make the connection with the model.
- Develop a comprehensive marketing tool that can be used with all the audiences in the community that need to be addressed.

Target Audiences. Audiences targeted by the grantee include school personnel, service providers, and parents. When making presentations, the grantee provides the audience with paper and pencils to write out questions. Questions are then answered before the entire audience with the hope that the answers will enhance the understanding of organizational change being undertaken to implement a system of care.

Experience with Communication and Social Marketing Activities. The current executive director for the project has over 30 years of experience working with youth including as a teacher and principal. She most recently served as the executive director for a non-profit foundation for youth and is familiar with conducting marketing activities in the community.

Interagency Collaborations. The policy council is comprised of representation from the school districts, non-profit organizations providing mental health services, and all youth-serving agencies in the county including mental health, child welfare, juvenile

justice, developmental disabilities, substance abuse services, and Head Start. The grantee partnered with the health department, the schools, the state's Parent-Teacher Association, and the commissioner's office to create the Teen Suicide Prevention Task Force. Staff reported it was initially hard to get acceptance from other agencies to use wraparound because it is not science-based and the use of para-professionals brought up liability issues among agencies. However, staff reported that the attitudes of service providers is beginning to change due to the increased collaboration among agencies.

4. SUMMARY AND LOGIC MODEL

To help determine the changes expected as a result of communication activities, the site visit team developed a logic model to show the link between the grantee's activities and desired outcomes. The logic model is divided into six columns: inputs/resources; activities; outputs; and immediate, intermediate, and long-term outcomes. Funding, staffing, and technical resources available to the grantee are listed in the inputs/resources column of the logic model. These resources permit the implementation of the activities listed in boxes in the second column. The outputs of each of these activities are listed in column three. The remaining three columns list the expected outcomes for each activity. These outcomes are classified as immediate, intermediate, and long-term. The logic model for Clark County Children's System of Care is presented in Exhibit 1.

Logic Model. Resources for communication activities come primarily from the project's CMHS grant. Project staff involved in communication activities include the executive director, project directors and staff, policy council members, and parent coordinators. The grantee receives technical assistance from Vanguard Communications. Project staff have participated in communication academies and received a site visit from Vanguard for help in developing their social marketing plan. Additionally, project staff contacted Vanguard for information on responding to suicide in the community, when creating their teen suicide prevention task force, and had Vanguard review and edit the project's newsletter prior to publication.

Communication activities include conducting presentations and disseminating information about the project to increase awareness of the project and services available. Meetings of the policy council and its committees are conducted monthly to increase the community's participation in the system of care and to increase the involvement of families in service planning and delivery. Outreach activities to community members and allied agencies are ongoing to increase understanding of the

system of care model in the hopes of increasing collaboration among agencies. The grantee is planning to conduct fundraising activities, including the showing of a video developed for this purpose, to increase awareness of the needs of youth with serious emotional challenges and their families with the intention of increasing funding and achieving sustainability for the project.

Outcomes to Date. *Two* factors have had an impact on outcomes to date for the grantee. The first is that the project has had multiple executive directors, which makes maintaining consistency and momentum on an initiative difficult. The second factor is the county's decision to transfer the administration of public mental health services in the county from a private health care agency to the grantee. This shift resulted in a move from wraparound for SED children and youth only to wraparound for all families accessing services through the county. As a result, the grantee and the project have undergone a lot of restructuring within the past year.

The restructuring has resulted in the need for the grantee to engage in additional training and planning. For example, the Community Partners Committee, which was in its infancy stage at the time of the site visit, was planning to host an in-service training so everyone on the committee is familiar with wraparound. The Community Empowerment Committee's plans for communication activities were still in the formative stage at the time of the site visit. They also planned to conduct a cross-agency staff training soon.

While multiple brochures have been developed and distributed for the project, there was no unifying theme among the brochures. Each committee and agency involved in the initiative developed its own brochure describing its role in the initiative. However, the brochures do not have a common logo or theme identifying each committee or agency as a partner in the system of care. The result for the community is a lack of awareness that the initiative comprises a "system" of agencies. Instead, the appearance is that of a group of agencies each doing wraparound independently. The grantee recognizes the need to improve external communications so the community understands the meaning and purpose of a system of care and establishing a common logo on all brochures to help the community make this connection is a planned activity.

Another challenge remaining for the project includes improving internal communications. The turnover in the executive director position and the county's decision to become the administrator of public mental health services and provide wraparound services for all families involved in county services has led to a reorganization within the Department of Community Services. This reorganization has resulted in the need for collaboration among divisions that previously worked independently of each other and integrating the views of people with different backgrounds and frameworks who are involved in the system of care initiative.

Exhibit 1

LOGIC MODEL FOR THE CLARK COUNTY COMMUNITY OF CARE

